

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



May 20, 1992

ALL-COUNTY INFORMATION NOTICE NO. 1-24-92
TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by SDSS

SUBJECT: ABCD 350 ETHNICITY REPORT

REFERENCE: ALL COUNTY LETTER NO. 90-93

Enclosed is a camera-ready copy of the ABCD 350 "Annual Recipient Report on Aid to Families with Dependent Children (AFDC), Social Services, Non-assistance Food Stamps, Greater Avenues for Independence (GAIN), and Refugee Cash Assistance (RCA), Ethnic Origin and Primary Language," with instructions. Reporting will be for the April 1992 report month and due to the Department of Social Services by June 15, 1992.

Please note: The only change has been made to the instructions for the RCA reporting (page 5). The total case count must agree with the total reported on the RS 237, columns 4, 5 and 6 for the same month.

If you have any questions, please contact Mr. Levy St. Mary of the Statistical Services Bureau, at (916) 445-2135 or ATSS 485-2135.

DENNIS J. BOYLE
Acting Deputy Director
Administration

Enclosures

cc: CWDA

SEND ONE COPY TO:
 Department of Social Services
 Statistical Services
 744 P Street, Mail Station 19-81
 Sacramento, California 95814

**ANNUAL RECIPIENT REPORT ON AFDC,
 SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS,
 GAIN, AND RCA ETHNIC ORIGIN AND PRIMARY LANGUAGE**

COUNTY	
FOR THE MONTH OF	YEAR
APRIL	

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES				
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN	RCA
1	White					
2	Hispanic					
3	Black					
4	Other Asian or Pacific Islander					
5	American Indian or Alaskan Native					
7	Filipino					
C	Chinese					
H	Cambodian					
J	Japanese					
K	Korean					
M	Samoan					
N	Asian Indian					
P	Hawaiian					
R	Guamanian					
T	Laotian					
V	Vietnamese					
	TOTAL^{a/}					

(Over)

^{a/} Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA—256, Item 1a, Column (B). Total GAIN cases must equal GAIN 25, Item A, 6. Total RCA cases must equal RS 237, Item 8a, Column (4).

PART B. PRIMARY LANGUAGE SPOKEN

CODE	LANGUAGE	NUMBER OF CASES				
		AFDC (FG/U,FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN	RCA
0	American Sign Language (ASL)					
1	Spanish					
2	Cantonese					
3	Japanese					
4	Korean					
5	Tagalog					
6	Other Non-English (specify)					
7	English					
A	Other Sign Language					
B	Mandarin					
C	Other Chinese Languages					
D	Cambodian					
E	Armenian					
F	Ilocano					
G	Mien					
H	Hmong					
I	Lao					
J	Turkish					
K	Hebrew					
L	French					
M	Polish					
N	Russian					
P	Portuguese					
Q	Italian					
R	Arabic					
S	Samoan					
T	Thai					
U	Farsi					
V	Vietnamese					
TOTAL^{a/}						
REPORT PREPARED BY		TELEPHONE NUMBER			DATE	

^{a/} Total AFDC cases must equal CA 237 FG/U, Item Ba and CA 237 FC, Item Ba. Total Nonassistance Food Stamp cases must equal DFA-256, Item 1a, Column (B). Total GAIN cases must equal GAIN 25, Item A, 6. Total RCA cases must equal RS 237, Item 8a, Column (4).

INSTRUCTIONS

The report month will be for April each year.

ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

Ethnic origin and primary language are to be determined by asking the applicant or recipient filling out the appropriate section of the application form. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

SOCIAL SERVICES

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

PART A. ETHNIC ORIGIN (CASES)

Applicable only to AFDC, Social Services, NAFS, GAIN and RCA recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving AFDC, Social Services, NAFS, GAIN or RCA services.

AFDC

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report such case in only one ethnic category.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FC for the same report month.

SOCIAL SERVICES

The social services system consists of twenty-one (21) services programs. Eight (8) of these programs are mandated and thirteen (13) are optional based on local needs, priorities and resources.

The eight mandated and thirteen optional social services are as follows:

Mandated Services

Information and Referral
 Emergency Response
 Family Maintenance
 Family Reunification
 Permanent Placement
 Out-of-Home Care for Adults
 In-Home Supportive Services
 Protective Services for Adults

Optional Services

Special Care for Children in Their Own Homes
 Home Management and Other Functional Educational Services
 Employment/Education Training
 Services for Children with Special Problems
 Services to Alleviate or Prevent Family Problems
 Sustenance
 Housing Referral Services
 Legal Referral Services
 Diagnostic Treatment Services for Children
 Special Services for the Blind
 Special Services for Adults
 Services for Disabled Individuals
 Services to County Jail Inmates

Report all cases who actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each case only once regardless of the number of different services provided during the report month. Cases reported can be from the same family budget unit; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

NAFS

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on DFA-256, Item 1.a., Column (B) for the same report month.

GAIN

The total case count for the GAIN column must equal the total case count reported in Line A6 (all three columns) Form GAIN 25 for the same report month.

RCA

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the RCA column must agree with the total reported on RS 237, Item 8a, Columns (4, 5 and 6) for the same report month.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and **not** members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FC for the same report month.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-256, Item 1.a., Column (B) for the same report month.

Total case count for the GAIN column must equal the total case count reported in the line A6 (all three columns) Form GAIN 25 for the same report month.

RCA

Total case count for the RCA column must agree with the total reported on RS 237, Item 8a, Column (4) for the same report month.